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(Depositor's name)	<u></u>	 ,	
(Signature)			
(Date)			

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/658,278	09/10/2003	Jacobus Jonkman	3236-21	2449

TITLE OF INVENTION: DIRECTIONAL HEARING AID TESTER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	06/07/2006
EXAM	IINER	ART UNIT		CLASS-SUBCLASS		•
BRINEY III,	WALTER F	2646		381-312000	•	
"Fee Address" indicat PTO/SB/1: PTO/SB/47; Rev 03-02 (Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI Etymonic Des	lence address (or Change of et 2) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of EE sign Incorporate	Correspondence tion form of a Customer E PRINTED ON THI low, no assignee dat of this form is NOT a (E	(1) the na or agents (2) the nar registered 2 registered listed, no representation of the particular approximation of the particular properties (2) RESIDE Dorch	ating on the patent front page, limes of up to 3 registered pater OR, alternatively, me of a single firm (having as a attorney or agent) and the name dipatent attorneys or agents. If name will be printed. To (print or type) ear on the patent. If an assign for filing an assignment. NCE: (CITY and STAGE OR ELECT ONTATIONES OF FC: 2 atent):	the attorneys 1 2 Beres es of up to no name is 3 2 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	19658278 399.00 OP
Advance Order - # of 5. Change in Entity Status a. Applicant claims Sl	mall entity discount permitte Copies (from status indicated above MALL ENTITY status. See 3 is requested to apply the Issu ablication Fee (if required) w rds of the United States Pate	d) 7 CFR 1.27. e Fee and Publication ill not be accepted frint and Trademark Of	Payment The Direct Deposit A	Fee(s): in the amount of the fee(s) is engling by credit card. Form PTO-2038 ctor is hereby authorized by chaccount Number 02-2095 ant is no longer claiming SMAI by) or to re-apply any previously other than the applicant; a region	s is attached. rge the required fee(s), or cre (enclose an extraction) LL ENTITY status. See 37 C	ra copy of this form). FR 1.27(g)(2).
Authorized Signature	Richard J. Pa				il 6, 2006	

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Bereskin & Parr

INTELLECTUAL PROPERTY LAW



Appl. No

10/658,278

Confirmation No.: 2449

Applicant

Jonkman, Jacobus September 10, 2003

Filed Title

DIRECTIONAL HEARING AID TESTER

Grp./A.U.

2646

Examiner

Briney III, Walter F.

Docket No.

3236-21/RJP

Customer No.

001059

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

April 6, 2006

ISSUE & PUBLICATION FEES

Sir:

With reference to the Notice of Allowance dated March 7, 2006, we enclose the Issue Fee Transmittal Form in this case, with the issue fee and the publication fee included in our firm cheque for \$1,000.00. Please apply any deficiency in the fees against our Deposit Account No. 02-2095.

Please let us know if anything further is needed.

Respectfully submitted, Bereskin & Parr

Ву

Richard J. Parr, Regn. No. 22,836

probad J. Pm

(416) 364-7311

PTO/SB/17 (12-04)

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Fees Paid (\$)

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Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE n Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number FARE frective on 12/08/2004. Complete if Known Consolidated Appropriations Act, 2005 (H.R. 4818). 10/658,278 Application Number FEE TRANSMIT Filing Date September 10, 2003 For FY 2005 Jonkman, Jacobus First Named Inventor Briney III, Walter F. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 2646 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 1,000.00 Attorney Docket No. 3236-21 METHOD OF PAYMENT (check all that apply) None Credit Card L Money Order Other (please identify): 022095 Bereskin & Parr Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES** Small Entity Small Entity **Small Entity** Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 200 Utility 150 500 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 600 Reissue 300 150 500 250 300 200 100 Provisional O n 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 360 180 Multiple dependent claims Multiple Dependent Claims **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) - 20 or HP = 0 x 0.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) 0.00 3 or HP = 0 X HP = highest number of independent claims paid for, if greater than 3

SUBMITTED BY			
Signature	Just and J. Kan	Registration No. 22,836 (Attorney/Agent)	Telephone (416) 364-7311
Name (Print/Type)	Richard J. Parr		Date April 6, 2006

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

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3. APPLICATION SIZE FEE

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4. OTHER FEE(S)

Extra Sheets

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Non-English Specification, \$130 fee (no small entity discount)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.